cerebrovascular complications which are independently predicted by daytime BP and night-time BP.

	Number	Day§	Night§	Day§§	Night§§§
CV death	143	1.24*	1.38***	1.12	1.38**
CHD	274	1.23**	1.37***	1.03	1.37***
CHF	96	1.16	1.34**	1.03	1.43**
CeVD	144	1.49***	1.42***	1.42**	1.27*

(Legend: Data are HRs, adjusted for age, gender, treatment, cholesterol, smoking, study, history of MI, stroke, CHF or diabetes, and for §CBP, §§NBP or §§§DBP; *P<0.05;**P<0.01;***P<0.001)

OS27-4 PROGNOSTIC SIGNIFICANCE OF THE NOCTURNAL DECLINE IN SYSTOLIC BLOOD PRESSURE: DUBLIN OUTCOME STUDY

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Background: Most individuals exhibit circadian variation in blood pressure. However in those where there is a reduced nocturnal fall in blood pressure (non-dippers) an increase of cardiovascular event have been reported when compared to those with decreased nighttime pressure (dipper). To clarify the role dipping status as a predictor of mortality we studied its predictive value in a large cohort of referred hypertensive patients. Methods: At baseline, whilst not on antihypertensive medication, 11,291 patients (5326 male, mean age 54.6 years) underwent ambulatory BP monitoring. Using a computerised national registry of deaths mortality outcome was ascertained. After a mean follow-up of 5.8 years there were 566 cardiovascular deaths with 151 attributed to stroke.Results: In a Cox proportional-hazard model percentage decline in nighttime systolic blood pressure was an independent predictor of cardiovascular mortality. For each 5% decrease in the decline in nocturnal systolic pressure the adjusted the resultant adjusted (adjusted for sex, age, smoking history, diabetes, previous cardiovascular events, BMI, and mean 24-hour systolic blood pressure) relative hazard rates (RHR) was 1.13(1.08-1.17), 1.18(1.10-1.27) and 1.09(1.03-1.14) for cardiovascular, stroke and cardiac respectively. Compared to those with normal dipping status (greater than 10% decline, n=5059) those with reverse dipping (less than 0% decline, n=2086) had an adjusted RHR of 1.70(1.35-2.11), 2.69(1.77-4.08) and 1.35(1.01-1.81) for cardiovascular, stroke and cardiac respectively.Conclusions: A diminished nocturnal decline in systolic blood pressure is a risk factor for cardiovascular mortality, independent of blood pressure and other risk factors, in a hypertensive population.

OS27-5 PREDICTORS OF ALL CAUSE MORTALITY IN A CLINICAL AMBULATORY BLOOD PRESSURE MONITORING DATABASE: UNIQUE AASPECTS OF SLEEP

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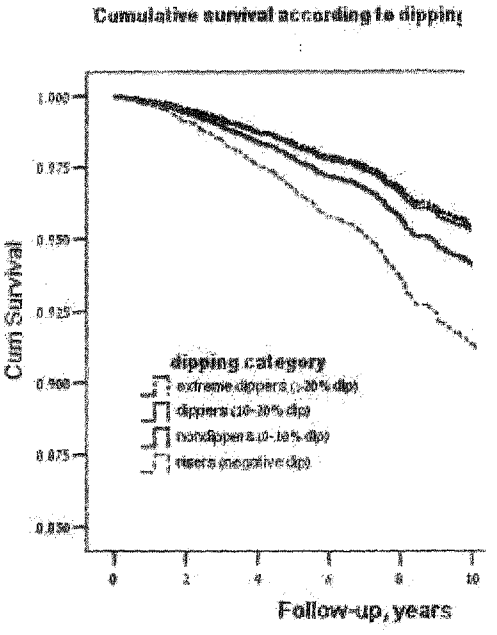
Objective: Prediction of mortality by blood pressure (BP) as assessed by 24h ambulatory monitoring (ABPM).**Design and Methods:** Cohort of patients aged 55±16 referred for ABPM between 1991-2005. Wakefulness and sleep were diary defined. Normal dipping was awake-sleep/awake BP >0.1. **Results:** Of 3957 patients, 303 died. Gender and body size did not affect survival.Mortality hazard ratios (HR) and 95%-confidence intervals (CI) from Cox models, including age, hypertension and diabetes treatment, and manual BP covariates, were 1.51(1.33-1.72) for 24h BP, 1.45(1.27-1.66) for awake, and 1.38(1.24-1.54) for sleep 1SD increase in systolic BP. The fifth quintiles of systolic/diastolic dipping were associated with adjusted HRs of 0.58(0.41-0.82)/0.68(0.48-0.96). In a model with demographic, treatment and awake systolic BP covariates, systolic dipping HRs increased from extreme dippers (>20%) and dippers (HR=1), through nondippers, 1.30(1.001-1.69) to risers (<0%), 1.96(1.43-2.96)-figure.**Conclusions:** Our ABPM known correlations between ABPM and mortality stronger associations and larger HRs than previo with regard to sleep BP, emphasizing importance sleep intervals.



OS27-6 BLOOD PRESSURE TARGET LEVELS I PATIENTS

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Objective: The aim of the study was to analyze cardiolog the treatment of hypertensive patients with diabetes and artery disease (CAD).Design and methods: We analyz levels of blood pressure (BP) that Bulgarian specialist treating high risk patients with diabetes and CAD. In the using a standard inquiry questionnaire, we estimated approach and preferences for drug choice among 3 and 531 in-hospital specialists. In the out-hospital pract patients are hypertensives, 43% are with complicated hy 25% are coronary patients with diabetes. Results: 91% of physicians and 92% of in-hospital specialists targeted B of diabetes below 130/80mmHg, and about 35% of target values even below 120/80mmHg. In case of hyp proven CAD, 80% of the out-hospital physicians and 84 specialists aimed to lower BP below 130/85 mmHg and hospital physicians and 20% of in-hospital specialists t below 120/80mmHg. 88% of the out-hospital physician the in-hospital specialists aimed to lower the BP below for patients with hypertension and myocardial infarctior Bulgarian specialists are aware that high-risk patients s antihypertensive treatment with targeted BP values bel levels for patients with uncomplicated hypertension. We satisfactory percentage of the Bulgarian specialists are fa lower target BP values in patients with diabetes, proven CA myocardial infarction.